



## Georgia Board of Private Detective & Security Agencies

### Firearms Qualification Range Form

Date of Qualification: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Company Name: \_\_\_\_\_

Employee Registration # \_\_\_\_\_  Requalification **OR**  New Application

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Type of Weapon:  Semi-Automatic  Revolver  Shotgun

Weapon Information: (Make, Model, and Caliber) \_\_\_\_\_

Range Score:  Pass  Fail Score = \_\_\_\_\_

***PASS indicates a minimum passing score of 80% or more on the firearms qualification course***

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I certify that the above-named participant has satisfactorily completed the prescribed training as set forth in the Georgia Board of Private Detective and Security Agencies Rules 509-3, as it relates to range qualification. To the best of my knowledge, all information contained herein is true and correct.

Instructor's Name: \_\_\_\_\_ Instructor's License # \_\_\_\_\_

Instructor's Signature: \_\_\_\_\_ Date of Signature: \_\_\_\_\_

**This form does not authorize the carry of any firearm without the specific approval and issuance of a weapons permit by the Georgia Board of Private Detective and Security Agencies.**